

**DEPARTMENT OF SOCIAL SERVICES
IEVS/DECEASED PERSONS MATCH**

COUNTY RESPONSE DOCUMENT

Please answer **ALL** questions and return this form to the address below.

A. Case: Co. Case Number FBU

B. Run Date: Mo. Day Year

SECTION 1 *If the match did not result in any case action please specify why.*

Matched data had no effect on case: ☐ (Please explain why no action was needed.)

☐

Client not on aid

☐

Person incorrectly reported as deceased

☐

Information already reported to the county

☐

Other (Please explain):

SECTION 2 *Match resulted in case action. Please specify action taken and amount of overpayment/overissuance.*

1. Specify program(s) affected and amount of the overpayment/overissuance?

(Whole dollars only)	
CalWORKs	\$
FS	\$

2. How many months does the overpayment/overissuance represent?

CalWORKs	mos.
FS	mos.

3. Was the entire case discontinued?

"X" ONE:
Yes ☐ No ☐

4. Was only one individual discontinued?

Yes ☐ No ☐

5. Was the case referred to the Special Investigative Unit for investigation?

Yes ☐ No ☐

6. Was this match reported to the county prior to this report?

Yes ☐ No ☐

Completed By:

Name	Title	Worker Number	Phone No.	Date

When Response Document is complete, mail the original* form to:
California Department of Social Services
Fraud Bureau
744 P Street, MS 19-26
Sacramento, CA 95814

*Maintain copy in the case file.